

Correspondence

The Editors will be pleased to receive and consider for publication correspondence containing information of interest to physicians or commenting on issues of the day. Letters ordinarily should not exceed 600 words and must be typewritten, double-spaced, and submitted in duplicate (the original typescript and one copy). Authors will be given the opportunity to review the editing of their correspondence before publication.

Taxes and Abortion

TO THE EDITOR: In response to Dr Notkin's letter in your August issue,¹ I believe it is extremely encouraging that the Supreme Court has upheld the government regulation that physicians at family planning clinics should no longer receive federal funds if they choose to discuss abortion with their clients.

This is not primarily an abortion issue but is a monetary issue. If I and many Americans like me choose to believe that abortion is not a viable alternative for unexpected pregnancies, then one of the ways that we support our beliefs is by insisting that we should not have to pay for such counseling through our tax dollars. This in no way eliminates the ability of female clients to hear about the alternative of abortion. These clients are free to go to such centers where it is discussed. The only thing that has changed is that my tax dollars are no longer supporting people who wish to discuss this as an alternative.

This is not a freedom of speech issue. This does not involve infringement upon the traditional right of a physician to discuss freely all medical options with the patient. This is simply a monetary matter, involving the use of my tax dollars and your tax dollars in the ways that we feel they should be spent. No one feels that it would be wrong for anti-war protestors to speak their mind about the use of our tax dollars in supporting wars that they feel are unjust. In like manner, it is not wrong for me to say I do not wish my tax dollars spent in this manner.

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Positive Preemployment Urine Drug Screen Caused by Foreign-Manufactured Vitamin Formulation

TO THE EDITOR: We report a case of positive result on a preemployment urine drug screen caused by the ingestion of a vitamin formulation manufactured in El Salvador. The patient, a 35-year-old male applicant, was nearly denied employment because of a positive urine drug screen for benzodiazepines, confirmed by gas chromatography using mass spectrometry (GC/MS). On a preemployment drug history form, the applicant said he had not taken any medications for the past 30 days. After being informed of the test results, he initially denied any illicit or prescription medication use. On detailed questioning, he later acknowledged taking over-the-counter vitamins purchased in Tijuana, Mexico. To evaluate the possibility that the vitamins contained benzodiazepines, he was requested to render the vitamins for forensic analysis. He submitted three individually sealed tablets identified as "Nervo Tiamin Tranquilizante Vitaminado." The only listed ingredients were thiamine hydrochloride and meprobamate. Analysis of the tablets by another laboratory using GC/MS revealed the presence of diazepam.

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Preemployment drug screen tests are commonly administered for employee selection. This case illustrates the need for a medical review of all positive test results to ensure that applicants are not discriminated against by being falsely classified as illegitimate drug users. A medical review of urine drug screen results is not required for private sector employees not covered by federal regulations, and persons testing positive may be summarily denied employment without any medical review of their test results.

The problem of false-positive test results due to drug cross-reactions with initial screening immunoassays for drugs of abuse has been largely addressed by confirmatory testing using a second specific analytic method such as GC/MS. False-positive test results have been produced by pharmaceuticals including phenylpropanolamine, hydrocodone, ephedrine, and pseudoephedrine. Confirmatory testing, however, does not address the problem of true-positive test results unrelated to illegitimate drug use. True-positive results on urine drug screens have been caused by the ingestion of poppy seed-containing foods that contain morphine,¹ topical anesthetics containing cocaine for dental procedures,² and the ingestion of a Chinese medication purchased from a California health product catalog.³ Herbal coca leaf teas containing cocaine were previously sold in health food stores.⁴

The ingestion of foreign-purchased pharmaceuticals has not been reported as a cause of positive urine drug screen tests. Mexican pharmaceuticals have been reported to contain unidentified steroids and benzodiazepines.⁵ Physicians reviewing drug screen results need to recognize that persons residing in close proximity to Mexican communities may purchase foreign-manufactured medications or vitamin formulations that contain controlled substances. Preemployment drug histories cannot be solely relied on for an accurate drug history, and examinees should be interviewed to determine if there is a legitimate medical explanation for a positive test result. Persons ingesting foreign-purchased vitamins or over-the-counter medications may unwittingly ingest drugs that can produce serious side effects and lead to adverse drug interactions.

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